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B 10 (Official Form 10) (12/11)

	UNITED STATES BANKRUPTCY COURT, District of Eastern Texas - Lufkin				PROOF OF CLAIM
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may file a request for payment of an administrative expense according in 1 U.S.C. § 303. Manne of Cridatin (the person or other entity is whom the delatin sequence should be sent: Same and address where notices should be sent: PO BOX 12303 DALLAS, TX 7512-3203 Telephone number: 866-870-1717 email: Name and address where payment should be sent (if different from above): Same as above Telephone number: 866-870-1717 email: Name and address where payment should be sent (if different from above): Same as above Telephone number: email: I. Amount of Claim as of Date Case Filed: \$8.502.16 If all or part of the claim is secured, complete item 4. If all or part of the claim is secured, complete item 5. Check this box if the claim is delatine includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges the statement of the claim is delicited to priority, complete item 5. Check this box if the claim is delicited to priority, complete item 5. Check this box if the claim is secured, complete item 5. Check this box if the claim is delicited to priority, complete item 5. Check this box if the claim is delicited to priority, complete item 5. Check this box if the claim is delicited in the delicited in the claim is delicited in secured claim, if any; Asserted Claim (See instruction #1) See instruction #31) See instru	NOTE: Do not use this form to make a	a claim for an administrative expense that arise	s after the bankruntcy filir	ug You	
COURT USE ONLY Name and address where notices should be sent: In Solve Recovery, LLC, so Capital Recovery Group, LLC Dopg 3203 DALLAS, TX 7531-23203 DALLAS, TX 7531-23203 DALLAS, TX 7531-23203 Telephone number: 866-870-1717 omail: Name and address where payment should be sent (if different from above): Same as above Same as above Check this box if you are aware that anyone seb has filed an protein of the claim is secured. Complete item 4. If all or part of the claim is secured, complete item 4. If all or part of the claim is secured, complete item 5. Check this box if the claim is secured, complete item 5. Check this box if you are aware that anyone seb has filed to priority, complete item 5. Check this box if the claim is secured, complete item 5. Check this box if the claim is secured, complete item 5. Check this box if the claim is defided to priority, complete item 5. Check this box if the claim is defided to priority, complete item 5. Check this box if the claim is defided to priority complete item 5. Check this box if the claim is defided to priority complete item 5. Check this box if the claim is defided to priority complete item 5. Check this box if the claim is defided to priority complete item 5. Check this box if the claim is defided to priority complete item 5. Check this box if the claim is defided to priority complete item 5. Check this box if the claim is defided to priority complete item 5. Check this box if the claim is defided to priority complete item 5. Check this box if the claim is defided to priority complete item 5. Check this box if the claim is defided to priority or a right of section is defined in include interest or other charges, as of the time case was included in secured claim, if any: [See instruction #ill) [See instr	may file a request for pa	yment of an administrative expense according to	o 11 U.S.C. § 503.	.g. 10#	
Name and address where notices should be sent InSolve Recovery, LLC, o' Capital Recovery Group, LLC Depl 3203 DALLAS, TX 75312-3203 Telephone number: 866-870-171 email: Name and address where payment should be sent (if different from above): Same as above Same as above and: 1. Amount of Claim so fibre claim is secured, complete item 4. If all or part of the claim is secured, complete item 4. If all or part of the claim is secured, complete item 4. If all or part of the claim is entitled to priority, complete item 5. Check this box if the claim is neithed to priority, complete item 5. Check this box if the claim is neithed to priority, complete item 5. Check this box if the claim is neithed to priority, complete item 5. Check this box if the claim is neithed to priority, complete item 5. Check this box if the claim is neithed to priority, complete item 5. Check this box if the claim is neithed to priority, complete item 5. Check this box if the claim is neithed to priority, complete item 5. Check this box if the claim is neithed to priority, complete item 5. Check this box if the claim is neithed to priority, complete item 5. Check this box if the claim is neithed to priority, complete item 4. If all or part of the claim is neithed to priority, complete item 5. Check this box if the claim is neithed to priority, complete item 5. Check this box if the claim is neithed to priority, complete item 5. Check this box if the claim is neithed to priority, complete item 5. Anount of Claim (See instruction #2) Anount of Claim (See instruction #3) See instruction #3b) (See instruction #3b) (See instruction #3b) Anount of arrearage and other charges, as of the time case was included in secured claim, if any: Anount of Claim Entitled to Priority under 11 U.S.C. \$ 507 (a)(1), Anount of the claim falls into one of the following categories, check the box specific the priority and state the amount. Demestic support obligations under 11 U.S.C. \$ 507 (a)(1), Anount of Claim Entitled to priority under	Name of Creditor (the person of other en Capital Recovery Group, LLC, a	is agent for InSolve Recovery, LLC	ty):		COURT USE ONLY
DALLAS, TX 75312-3203 Telephone number: 866-870-1717 email: Name and address where payment should be sent (if different from above): Same as above email: 1. Annual of Claim as of Date Case Filed: \$8,502.16 If all or part of the claim is secured, complete item 4. If all or part of the claim is secured, complete item 5. Check this box if free claim is secured, complete item 5. Check this box if the claim is secured, complete item 5. Check this box if the claim is secured, complete item 5. Check this box if the claim is secured, complete item 5. Check this box if the claim is recorded item 4. If all or part of the claim is secured, complete item 5. Check this box if the claim is recorded item 4. If all or part of the claim is secured, complete item 5. Check this box if the claim is recorded item 4. If all or part of the claim is secured by a licen or property or a right of section included in secured claim, if any: **S825 3a. Debtor may have scheduled account as: **Tri-Cap Investment Partners, LLC - Mercury Pinance **Tri-Cap Investment Partners, LLC - Mercury Pinance **Assured Claim (See instruction #3) Assured Claim (See instruction #3) **Assured Claim (See instruction #3) **Nature of property or right of sectoff: Real Estate Motor Vehicle Other Basis for perfection: Debtor: **Debtor may have scheduled account as: **Tri-Cap Investment Partners, LLC - Mercury Pinance **Tri-Cap Investment Partners, LLC -	InSolve Recovery, LLC, c/o Capital Recovery Group, LLC				ck this box if this claim amends
Name and address where payment should be sent (if different from above): Same as above Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars. Telephone number: email: 1. Amount of Claim as of Date Case Filed: \$8,502.16 If all or part of the claim is secured, complete item 4. If all or part of the claim is secured complete item 4. If all or part of the claim is entitled to priority, complete item 5. Check this box if the claim is includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charge (See instruction #2) 3. Last four digits of any number by which creditor identifies debtor: Tri-Cap Investment Partners, LLC - Mercury Finance Asserted Claim (See instruction #3) 4. Secured Claim (See instruction #3) Amount of arrearage and other charges, as of the time case was included in secured claim, if any: Amount of arrearage and other charges, as of the time case was included in secured claim; if any: Amount of Property or right of setoff: Real Estate Motor Vehicle Other Basis for perfection: Describe: Value of Property: Amount of Claim Entitled to Priority under 11 U.S.C. § 507 (a). If any part of the claim falls into one of the following categories, check the box specific the priority and state the amount. Domestic support obligations under 11 U.S.C. § 307 (a)(1)(A) or (a)(1)(B) Wages, salaries, or commissions (up to \$11,725*) Contributions to an employee benefit plan— 10 U.S.C. § 307 (a)(1)(A) or (a)(1)(B) Taxes or penalties owed to governmental units— 11 U.S.C. § 307 (a)(B). Amount entitled to prior or services for prosonal, family, or household use—11 U.S.C. § 507 (a)(B). Taxes or penalties owed to governmental units— 11 U.S.C. § 307 (a)(B). Amount entitled to prior 11 U.S.C. § 507 (a)(B).	PO BOX 123203				
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*Amounts are subject to adjustment on 4/1/13 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.	purchase, lease, or rental of property or services for personal, family, or househousehousehousehousehousehousehouse	11 U.S.C. § 507 (a)(8).	applic	cable paragraph of	\$
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B 10 (Official Form 10) (12/11)

7. **Documents:** Attached are **redacted** copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. If the claim is secured, box 4 has been completed, and **redacted** copies of documents providing evidence of perfection of a security interest are attached. (See instruction #7, and the definition of "**redacted**".)

DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.

DO NOT SEND ORIO	GINAL DOCUMENTS. ATTACHED DOCU	MENTS MAY BE DESTROYED AFT	ER SCANNING.				
If the documents are no	ot available, please explain:						
8. Signature: (See in	struction #8)						
Check the appropriate	box.						
I am the creditor.		I am the trustee, or the debtor, or their authorized agent. (See Bankruptcy Rule 3004.)	I am a guarantor, surety, indorser, or other codebtor. (See Bankruptcy Rule 3005.)				
I declare under penalty of perjury that the information provided in this claim is true and correct to the best of my knowledge, information, and reasonable belief.							
	'. Spallas r Creditor Recovery Group, LLC	/s/ Nichlas P. Spall	as 11/13/2012				
	number (if different from notice address above		(Date)				
Telephone number:	email:						

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.